TOTAL CLAIMS  FOR  Indian Office Column 1  Column 1  Column 2  Column 2  Column 2  Column 2  Column 3  Col	<del></del>				· ·				DES	1 /	WAILA	BLE C
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TOTAL CHARGEART STARE	TOTAL CLAIM	S	T	· · · · · · · · · · · · · · · · · · ·						_	OR SMA	LL ENTIT
TOTAL CHANGEARY CLAIMS:  OBJUST 20-  NDEPENDENT CLAIMS:  MULTIPLE DEPENDENT CLAIMS PHYSERT  If the difference in column 1 is less than zero, enter 10° in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  CCIAMS AS AMENDED - PART II  (Column 2)  CLAIMS AS AMENDED - PART II  (Column 3)  REMAINING ASSISTED PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  ANEQUARY PAD FOR  ANEQUARY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 2)  (Column 3)  RATE TIONAL FEE  ADDIT FEE  ARE TIONAL FEE  ADDIT FEE  ADDIT FEE  OR ADDIT FEE  TOTAL OR ADDIT FEE  TOTAL OR ADDIT FEE  ADDIT FEE  TOTAL OR ADDIT FEE	FOR							<b> </b>			RAT	E FEE
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	H the entry to estimate	ma 4 ia lass 45-5-46	ho antas ta a se		• •-			140=		OR	+280=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE	<b>If the "Hig</b> hest Nur	nber Previously Pr	aid For IN THI	S SPACE is le	ss than	20, enter "20,"	ADD			OR ,		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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